

# LIPOS Private Bed / PHP – Extension Authorization

EHR # \_\_\_\_\_

Today's Date: \_\_\_\_\_ **Extensions beyond 8 days require approval by MH Director or designee**Extension at ☐ 5 days ☐ 8 days ☐ 11 days ☐ Other \_\_\_\_\_ (please note # days)

## Client Information

1. First Name: \_\_\_\_\_ 2. MI \_\_\_\_\_ 3. Last Name \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 5. Admission Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
6. Hospital / Partial Hospitalization Program: ☐ Dominion ☐ Inova – Loudoun ☐ Inova – Mount Vernon  
☐ Inova – Fairfax ☐ Prince William ☐ Virginia Hospital Center ☐ Snowden ☐ Poplar Springs  
☐ Spotsylvania ☐ Out of Area \_\_\_\_\_
7. Authorizing CSB: ☐ Alexandria ☐ Arlington ☐ Fairfax ☐ Loudoun ☐ Prince William
8. Reason for Extension: \_\_\_\_\_

Reauthorization not to exceed 3 days. Extensions require approval of participating CSB and submission of additional extension reauthorization forms as indicated.

## Hospital Admission Only:

9. Authorizing Criteria Met: (check all that apply)
- 1) ☐ Confirmed Diagnosis of mental illness, and/or
  - 2) ☐ Clinical evidence indicates persistence of symptoms that caused initial admission, or remain despite therapeutic efforts, or due to the emergence of new symptoms (daily progress note required), and/or
  - 3) ☐ Severe reaction to medication or further monitoring/adjustment of dosages (daily progress note required)
10. Level of Care needed: ☐ Level I (Acute Stabilization) ☐ Level 2 (Intensive Care)
- |   |   |
|---|---|
| <b>Level I – Acute Stabilization</b> <ul style="list-style-type: none"><li>• High acuity, <b>low</b> complexity</li><li>• Substance-induced symptomatology</li><li>• Situational crises resulting from psychosocial stressors</li><li>• Situational difficulties resulting from Axis II symptomatology</li><li>• Stopped taking medications or in need of medication adjustment (with history of good response to medication)</li></ul> | <b>Level 2 – Intensive Care</b> <ul style="list-style-type: none"><li>• High acuity, <b>high</b> complexity</li><li>• Current lack of willingness or ability to participate in treatment</li><li>• Long-term, persistent or recurrent psychiatric difficulties</li><li>• Complex discharge issues (i.e., homelessness, lack of social support)</li><li>• May include medical co-morbidity</li></ul> |
|---|---|
11. Has transfer to NVMHI been initiated? ☐ yes ☐ no If yes, date of request for transfer \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
12. NVMHI Contact: \_\_\_\_\_

The client identified above is referred to your facility for continued acute inpatient / Partial Hospitalization treatment as per the terms and conditions of the LIPOS Regional Acute Bed Purchase Project. Payment will be made per the LIPOS agreement. The referring Community Services Board shall determine the client's eligibility for extended admission under this project.

## Partial Hospitalization Only:

13. Hospital Diversion Authorizing Criteria Met: (check all that apply)
- ☐ Confirmed Diagnosis of mental illness, and/or
- ☐ Meets clinical criteria for Temporary Detention Orders, or
- ☐ Is at risk of psychiatric hospitalization on the basis of meeting at least two of the Medicaid eligibility Criteria for Crisis Stabilization listed below:
- ☐ Experiencing difficulty in maintaining normal interpersonal relationship to such a degree that he/she is at risk of hospitalization of homelessness because of conflicts with family or community.
  - ☐ Experiencing difficulty in activities of daily living such as maintaining personal hygiene, preparing food, and maintaining adequate nutrition or managing finances to such a degree that health or safety is jeopardized.
  - ☐ Exhibiting such inappropriate behavior that immediate interventions by mental health and other agencies are needed
  - ☐ Exhibiting difficulty in cognitive ability such that he/she is unable to recognize personal danger or unable to recognize significantly inappropriate social behavior
14. Hospital Step-Down Authorizing Criteria Met:
- ☐ Client continues to require the additional treatment and support provided by the PHP in order to maintain stability in the community.

The CSB Discharge Planner may grant the first project reauthorization approval for up to 3 days. The Mental Health Director or designee may grant reauthorization approval in increments of up to 3 days thereafter.

15. Project Reauthorization for (# up to 3) \_\_\_\_\_ days to (date of review) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

16. Authorizing Representative: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_